

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

RECORDED
CITY OF SAN ANTONIO
CITY CLERK
01 APR 30 PM 2:17

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 2	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Michael A		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
	NICKNAME LAST SUFFIX boozales				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1215 NW 25th San Antonio, TX 78228				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Nancy				
	NICKNAME LAST SUFFIX Navarro				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1106 Lee Hall San Antonio, TX 78201				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 313-9005				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 05 / 01 4 / 27 / 01				
10 ELECTION	ELECTION DATE Month Day Year 5 / 05 / 01		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) City Council District 7		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name None				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Michael A. Gonzales

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

N/A

COMMITTEE CAMPAIGN TREASURER NAME

N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A☐ additional pages17 NO REPORTABLE
ACTIVITY☒ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

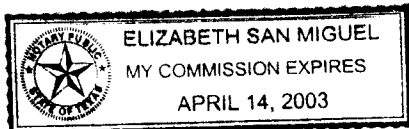
\$

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Michael A. Gonzales
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Elizabeth San Miguel*, this the *27* day of *April*, 20*01*, to certify which, witness my hand and seal of office.

Elizabeth San Miguel
Signature of officer administering oath

Printed name of officer administering oath

Notary
Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
GOVERNMENT
FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
N/A

2001 APR 12 12:46
Total pages filed: 46

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE - FIRST Michael MI A
NICKNAME - LAST GONZALES SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
1215 N. W. 25th St.
San Antonio, TX 78228

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE - FIRST Nancy MI -
NICKNAME - LAST Navarro SUFFIX -

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
1106 Leethall
San Antonio, TX 78201

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 313-9005

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
1 / 16 / 01 THROUGH 4 / 05 / 01

10 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
5 / 05 / 2001 ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)
N/A

12 OFFICE SOUGHT (if known)

City Council District # 7

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

None

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT

SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Michael Gonzales

15 ACCOUNT # (Ethics Commission files)

N/A

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

N/A

COMMITTEE CAMPAIGN TREASURER NAME

N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 983.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 844.32

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ -0-

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Michael Gonzales

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP HERE
EXPIRES 11/4/01

Sworn to and subscribed before me, by the said Michael Gonzales, this the 5th day of April, 2001, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-S3, SC-C/OH,
SC-SPAC, SPAC, & SPAC-S3)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME

Michael Bonzales

3 ACCOUNT # (Ethics Commission files)

4 Date

3-6-01

5 Full name of contributor

☐ out-of-state PAC (ID#)

Preferred Home Medical Equipment Co. Inc.

6 Contributor address; City; State; Zip Code

7271 Wurzbach #127 San Antonio, TX
78240

7 Amount of
contribution (\$)

\$500

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3-17-01

Full name of contributor

☐ out-of-state PAC (ID#)

La Coenita

Contributor address; City; State; Zip Code

5450 Babcock #112 San Antonio, TX
78240

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Food Item
for Fund-Raiser

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE B1

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

2001 APR -5 P 2:47

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P 2:47

Total pages Schedule F:

1

2 FILER NAME

Michael Bonzales

3 ACCOUNT # (Ethics Commission filers)**4 Date**

3-06-01

5 Payee name

Allied Advertising

7 Amount (\$)

694.21

6 Payee address; City; State; Zip Code

3700 Blanco Rd San Antonio, TX 78212

8 Purpose of payment (See instructions regarding type of information required.)**9 -- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

Date

2-20-01

Payee name

City of San Antonio

Amount (\$)

100.00 -

Payee address; City; State; Zip Code**Purpose of payment (See instructions regarding type of information required.)****-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

Date

3-17-01

Payee name

Ace Rental

Amount (\$)

50.11

Payee address; City; State; Zip Code

1802 S. Zaragoza San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)**-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

Date**Payee name****Amount (\$)****Payee address; City; State; Zip Code****Purpose of payment (See instructions regarding type of information required.)****-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE E

The INSTRUCTION Guide explains how to complete this form.

2001 APR - 5 12:47
Total pages Schedule E:

2 FILER NAME**3 ACCOUNT #** (Ethics Commission filers)**4****TOTAL OF UNITEMIZED LOANS:**

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7 Name of lender**☐ out-of-state PAC (ID# _____)**9 Loan Amount (\$)****6 Is lender a financial institution?**

Y N

8 Lender address; City; State; Zip Code**10 Interest rate****11 Maturity date****12 Description of Collateral**☐ none**13 GUARANTOR INFORMATION****14 Name of guarantor****16 Amount Guaranteed (\$)**☐ not applicable**15 Guarantor address; City; State; Zip Code****17 Principal Occupation****18 Employer****Date of loan****Name of lender**☐ out-of-state PAC (ID# _____)**Loan Amount (\$)****Is lender a financial institution?**

Y N

Lender address; City; State; Zip Code**Interest rate****Maturity date****Description of Collateral**☐ none**GUARANTOR INFORMATION****Name of guarantor****Amount Guaranteed (\$)**☐ not applicable**Guarantor address; City; State; Zip Code****Principal Occupation****Employer****ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**